SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: | PAGE 135 OF 182
(check only one)

[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

A. Full Name (Last, First, Middle Initial)
WILLOMINA TARNVE

Mailing Address 260 PARKHILL AVENUE
3-V

City	State	Zip Code
STATEN ISLAND	NY	10304

FEC ID number of contributing federal political committee.   C

Name of Employer: STELLA ORTON HOME CARE AGENCY
Occupation: PERSONAL CARE ASSISTANT

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼
245.00

Date of Receipt
12 / 31 / 2015

Transaction ID : SA11AI.17174

Amount of Each Receipt this Period
45.00

PAYROLL DEDUCTION

B. Full Name (Last, First, Middle Initial)
Jennifer Tatum

Mailing Address 1541 West 16 Street

City	State	Zip Code
Riviera Beach	FL	33404

FEC ID number of contributing federal political committee.   C

Name of Employer: Sodexo - Palms West Hospital
Occupation: Housekeeper

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼
220.00

Date of Receipt
12 / 31 / 2015

Transaction ID : SA11AI.17176

Amount of Each Receipt this Period
20.00

PAYROLL DEDUCTION

C. Full Name (Last, First, Middle Initial)
NELCIDA TAVAREZ

Mailing Address 108-02 159TH ST., #2D

City	State	Zip Code
JAMAICA	NY	11433

FEC ID number of contributing federal political committee.   C

Name of Employer: FCPC COMMUNITY AFFAIRS
Occupation: HOME HEALTH ATTENDANT

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt
12 / 31 / 2015

Transaction ID : SA11AI.17179

Amount of Each Receipt this Period
10.00

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional).......................... ▶
75.00

TOTAL This Period (last page this line number only).......................... ▶

FEC **Schedule A (Form 3X)** Rev. 02/2003